

Iowa Insane Hospital
(State Mental Health Institute)
U. S. Route 218
Mount Pleasant
Henry County
Iowa

HABS No. IA-58

HABS
IOWA,
44-MOPL, E,
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PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

Historic American Buildings Survey
National Park Service
Department of the Interior
Washington, D.C. 20240

HISTORIC AMERICAN BUILDINGS SURVEY
IOWA INSANE HOSPITAL
(STATE MENTAL HEALTH INSTITUTE)

HABS No. IA-58

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IOWA
44 MOPL
1-

Location: Mount Pleasant, Henry County, Iowa.

Present owner: State of Iowa

Present use: Mental hospital, except that some spaces no longer needed by the hospital serve other uses.

Significance: The Iowa Insane Hospital was an example of a state-owned mental hospital designed in a decade when the first great advances in the humane care and treatment of the insane had been made by the medical profession in the United States. The functional planning of the original building reflects these advances and is the result of considerable interaction among the architect, the medical consultants--all from Eastern states--and the Commissioners representing the state. On the other hand, the construction of the original building reflected the technological inadequacies of the building industry in a state which had entered the Union only nine years earlier and in a locality in that state which had been opened to settlement only thirteen years before admission.

Was the first mental hospital in the state of Iowa.

PART 1.

HISTORY

Date of construction:

Main hospital building (original building): Construction was begun 22 October 1855; the center building and the east wing were opened officially on 6 March 1861; and the west wing was completed from 1862 to 1865.

Addition to east (men's) wing: June 1884 to September 1885.

Addition to west (women's) wing: Early 1886 to mid 1887.

Other later buildings on the site: See Chronology.

Razing of building: See latter portions of this document.

Chronology:

1851 Feb. 5 The Iowa General Assembly approved the sale of state-owned saline lands for the establishment of an insane asylum.

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|-----------|--------------|-------|--|
| 1851 | May | 21 | The Association of Medical Superintendents of American Institutions for the Insane published the twenty-six Propositions Relative to the Construction of Hospitals for the Insane. See Appendix No. 1. |
| 1855 | Jan. | 24 | Passage of the act and first appropriation for location and erection of an Insane Asylum. |
| 1855 | Mar. | 15-17 | The Board of Commissioners examined and purchased the hospital site near Mount Pleasant. |
| 1855 | summer | | The Commissioners visited several insane asylums in the eastern United States. |
| 1855 | Oct. | 22 | Construction began on the entire main hospital building. Henry Winslow was hired as Superintendent of Construction. |
| 1861 | Mar. | 6 | Official opening of the hospital (center building and east wing only). |
| 1862 | Feb. | 11 | The Board of Commissioners was dissolved and replaced by a Board of Trustees. |
| 1862-1865 | | | The west wing was finished. The hospital was now totally completed according to the original plan. The capacity was 300 patients. |
| 1876 | Apr. | 18 | The Engine House was destroyed by fire. Construction of new boiler and engine rooms was begun. |
| 1884 | June to 1885 | | Construction of the addition to the east (men's) wing. Completed before winter. |
| 1886-1887 | | | Construction of the addition to the west (women's) wing. |
| 1888 | | | 240 acres of farm land were added to the hospital site. |
| 1888 | | | Construction of boiler house and wash house, and of industrial building for women. |
| 1890 | | | Construction of additions to chapel and amusement hall (enclosed by summer and fall of this year). |
| 1894 | | | Construction of men's industrial building. |
| 1896-1898 | | | Appropriation, construction, furnishing, and occupation of men's infirmary. Similar appropriation for women's |

- infirmary was requested.
- 1898 Establishment of the Board of Control of State Institutions.
- 1907 July Contracts were awarded for the construction of the women's infirmary.
- 1911 Appropriations were requested for two cottages for tubercular patients.
- 1912 June Visits were made to hospitals in other states to get ideas for care of tubercular patients.
- 1913 Appropriations were made for addition to women's infirmary for female tubercular patients.
- 1917 An appropriation was made for a laundry building.
- 1922 Laundry building was completed.
- 1924 June 30 Completion of new portico at the entrance to the main building.
- 1936 Aug. 11 Fire destroyed the administration portion of the main building.

Architects:

Jonathan Preston of Boston, Massachusetts, was the architect for the main hospital building, 1855-1865 (18, pp. 3, 4). Preston was born in 1801 and practiced for more than fifty years in Boston, being responsible for many buildings in that city before the great fire. He died in 1888 (1, p. 13).

Andrew H. Piquenard of Springfield, Illinois, was hired in 1876 as a consultant. He was born in 1824 and died in 1876, and was the architect for the state capitol in Des Moines and for the Madison County Courthouse in Winterset, Iowa. Jointly, with Robert Finkbine, one of the commissioners for the Capitol, they inspected the basement walls of the Hospital and recommended remedial measures (26, pp. 10, 12; 54, pp. 1, 6).

Willett and Pashley were a Chicago firm of architects who were responsible for the addition to the east wing, 1884-1885, and to the west wing, 1886-1887 (27, p. 16; 32, pp. 15, 16). James Rowland Willett (1831-1907) and Alfred E. Pashley (1856-1932) formed their partnership around 1880. One of their best-known works was the Hospital for the Insane at Kankakee, Illinois, completed in 1891, in which they utilized the innovative "cottage plan"

(57, pp. 459, 660).

Henry F. Liebbe, in his capacity of architect for the Board of Control of State Institutions from 25 April 1898 until 1927, was architect for the buildings constructed during this period (38, p. 22). Earlier, in partnership with William . . . Foster, the firm of Foster and Liebbe of Des Moines had been architects for several county courthouses in Iowa, some buildings on the Iowa State University campus, and for the Hospital for the Insane at Clarinda, Iowa. 1884-1888 (31, p. 4).

H. J. Liebbe succeeded Henry F. Liebbe in 1927.

Consultants:

Dr. Thomas S. Kirkbride was consulted by the Board of Commissioners when they visited several insane asylums during the spring and summer of 1855 (15, p. 235). Kirkbride had been one of the thirteen founding physicians in 1844 of the Association of Medical Superintendents of American Institutions for the Insane (now called the American Psychiatric Association). He was a doctor of medicine who had practiced as a physician and a surgeon before he accepted the post of superintendent of the Pennsylvania Hospital for the Insane, where he served for forty-three years (8, p. 51). He was honored as the man who had given "more earnest and conscientious attention to the interests of the insane" than anyone else. "His forty-two annual reports furnish a series of practical treatises on the current progress of the treatment of the insane," according to the writer of his obituary in the American Journal of Insanity. He was the first secretary and treasurer of the Association which he helped to found and later served as its president for eight years. (4, p. 367). In 1853 his "Propositions on the Organization of Hospitals for the Insane" were adopted by the Association; and in 1854, just prior to the construction of the hospital at Mount Pleasant, he published two lengthy articles entitled "The Construction, Organization, and General Arrangement of Hospitals for the Insane." These were issued in 1856 as a special work, which became a standard authority on the subject (4, p. 369). All medical schools, he believed, should require courses and clinical instruction on insanity and on medical jurisprudence in connection with mental disorders (8, pp. 52, 53).

Dr. Luther V. Bell was also consulted by the Board during their visits to various institutions in 1855 (15, p. 235). His publication in 1845 of a recommended plan for an insane asylum strongly influenced the Board in

connection with the design of the original building begun at Mount Pleasant in 1855 (24, p. 15; 15, p. 236). Bell was superintendent of the McLean Asylum in Somerville, New Hampshire, from 1837 to 1856. Along with Kirkbride, he was one of the thirteen founding physicians of the Association of Medical Superintendents of American Institutions of the Insane and was active in the Association's affairs. He was particularly interested in the medical aspects of mental illness. Bell died at Washington, D.C., while on duty with the Union army during the Civil War (8, pp. 54-65).

Original and subsequent names of the institution:

Iowa Insane Hospital, Mount Pleasant (11, p. 234).

Iowa Hospital for the insane at Mount Pleasant. (The initial of the word insane was not capitalized). Approved 12 April 1870.

Hospital for the Insane at Mount Pleasant (13, p. 787).

Mount Pleasant State Hospital (39).

Superintendents of construction:

Henry Winslow was hired 22 October 1855, and he superintended construction of the original building. He had previously superintended the construction of the Maine Hospital for the Insane (15, p. 237). After the opening of the Mount Pleasant Hospital he sailed to California to superintend construction of a new lunatic hospital there (20, p. 6).

George Josselyn assisted Superintendent Ranney to prepare plans for the new engine house in 1876, and Ranney supervised construction. Josselyn had been superintendent of construction at the Iowa Hospital for the insane at Independence, opened in 1873 (27, p. 8).

Dr. H. A. Gilman, superintendent of the hospital, was in charge of the construction of the extension of the west wing, 1886-1887 (32, p. 8).

Process of design, original building:

In colonial America, the care of the mentally ill followed the customs of the mother country. In small American villages the responsibility for care necessarily lay with the family at home. Violent cases were confined, and one of the reasons was the shame attached to the presence of an insane member in a family. Mild cases did not require confinement, but if they wandered and became a nuisance in town, they were apt to be driven off like vagrants. If a family was incapable of support of an insane member, it might receive financial assistance from the community. Towns of several thousand

people, however, would normally have a jail and an almshouse, and without making any special provisions for the mentally ill, violent cases could be confined in the jail and mild cases were sent to the almshouse, which, in addition, often functioned as a workhouse and whose infirmary was, in fact, a primitive hospital (8, pp. 7, 8). Sometimes the almshouse and the workhouse were separate institutions, and either might contain cellar cells for confinement of the mentally ill (8, p. 74). A great advance came when the care of mental cases came to be considered as the concern of the hospitals, and hospitals for the insane or special sections within general hospitals were created. The first general hospitals in the United States were the Pennsylvania Hospital in Philadelphia, opened in 1752, and the New York Hospital, opened in 1791, and both of them included special provisions for the mentally ill--in the basement. The first hospital which cared solely for the mentally ill was opened in Williamsburg, Virginia, in 1773 (8, pp. 74, 75).

In 1845 approximately fifteen state-owned insane hospitals were in operation in the United States, and most of them were fashioned after the English institutions; but according to a superintendent of one of these hospitals, the qualities of the English models "were sacrificed to economy" in the United States, "while the loss was counterbalanced by no compensating qualities. The architectural construction of our hospitals, thus bad from the beginning, has rather deteriorated than improved" (2, p. 53; 50, p. 109; 52, p. 43). In the words of another asylum official:

. . . the question of provision is one easy of solution; indeed, we can see no reason why it should be considered so difficult and complicated, unless it be that their [the insane's] real needs with respect to buildings are not understood (6, p. 388).

By this time also the efforts of Dorothea Lynde Dix to bring to public attention the living conditions of the insane had begun to bear fruit. In the course of conducting a Sunday school class in a jail she first became aware of the "squalor and heartless indifference surrounding the insane." She then embarked upon a two-year survey of the almshouses and jails in Massachusetts and forcefully presented her findings to the state legislature. As a result, the mental hospital at Worcester was enlarged. Her subsequent work in Rhode Island and in New Jersey resulted in large new hospitals for the insane there, and by the end of her career her efforts had touched every state east of the Rocky Mountains and had resulted in the establishment or substantial enlargement of thirty institutions (8, pp. 78, 79).

The methods of treating the insane in American mental institutions during the nineteenth and early twentieth centuries varied. In some institutions the men worked at farming and the women at sewing, but the percentage of patients employed at something other than ward work was always low, ranging in several institutions from a quarter to a half of the patients.

There were sometimes school activities and, beginning in the late nineteenth century in a few hospitals, physical education.

It is curious that the opportunities merely to take patients for walks were hardly utilized, even in fine weather. Nineteenth-century medical treatment of the insane sometimes included bloodletting, violentⁿ emesis, purgation, and the use of chemical sedatives. In addition, mechanical restraint was, by some, thought to have a healing effect upon patients, but it was also required as a means of managing some of them. The means of restraint included those used today, with a few that have been abandoned. It was common for patients to be strapped to armchairs during the daytime, with only limited movement possible. However, the philosophy concerning the use of physical restraint varied greatly, and in many hospitals little or no restraint at all was used, although the locking of patients in their rooms at night was general practice. (8, pp. 105-108).

In Iowa the first official state action of the establishment of a mental institution was taken by the General Assembly on 5 February 1851, when it granted approval for the sale of state-owned saline lands and stipulated that the proceeds should constitute "a fund for founding and supporting a lunatic asylum" (10, p. 4).¹ Professor D. L. McGugin from the College of Physicians and Surgeons in Keokuk, the first medical school in Iowa, was influential in urging response to the need for an asylum. He had investigated the condition of the insane in the state and found many confined in county jails (10, p. 208). In 1852 McGugin, together with Judge Lowe and Judge Edward Johnstone of Lee County, sent circulars to every county in the state inquiring "as to the age, sex, etc. of each lunatic" (10, p. 208). Only twelve counties replied, and none of the more populous counties were among these. The survey showed only thirty-seven insane. The state census of 1854, it is interesting to compare, showed forty-seven insane (10, p. 207).

Governor James W. Grimes, in a special message on 22 December 1854

¹When Iowa entered the union the land surrounding salt springs was granted to the state and was referred to as the saline lands.

responding to questions on the advisability of establishing a mental hospital, regretted that "the information at my command in regard to their 'number and condition,' is very limited, and not of the most reliable character" (10, p. 207). Based on a national average of one insane person per every 1470 persons, he speculated that there were about 200 insane persons in the state, half of them in jails and the other half "remaining at large, a terror to their friends and neighbors." He strongly advocated the construction of an asylum (10, p. 16). His letter of 20 June 1855 to Mrs. Grimes expressed his sentiment:

I would go East to you in July, were it not for the Insane Asylum. One hundred fifty [new estimate?] poor people in the jails and almshouses of the state are calling upon me to relieve them, as far as may be in my power, from their present wretched position, and I would not be justified in turning a deaf ear to their position. We may perhaps get it started during the month (53, p. 72).

The possibility of federal assistance for the establishment of state mental institutions vanished in 1854 when President Pierce vetoed legislation which would have helped establish such institutions through donation of public land. However, even after state institutions had been established, it was not agreed that state care was better than county or local care, and proponents of each system continued to argue their respective positions throughout the nineteenth century. According to one recent analysis, "the building of hospitals out on country estates. . .in retrospect. . .must be regarded as a gross error. The very existence of these monuments to state responsibility has allowed all other facilities. . .to reject and exclude millions from their care" (49, p. 4).

Other charitable institutions were being considered by the legislature at the same time, and common to all of them was the question of whether to establish permanent or temporary buildings. In 1846, when Iowa achieved statehood, the capital was still Iowa City (in the east central portion of the state), but it was generally agreed that some more central, but as yet undetermined, location was necessary. Should the state insane hospital be located at the new seat of state government? Should temporary buildings be built built immediately until the permanent location of the capital city was decided? The Committee on Charitable Institutions was considering the possible eventual erection of one building and one institution at the capital to care for all of the deaf, dumb, and blind in the state (10, p. 95). Their recommendation with regard to the mental institution, however, was different:

But as regards the insane, the experience of other states has shown that we shall ultimately require two or three asylums for their accommodation, and we think the first one can be best located and built by a Board of Commissioners, who in its location and structure will be guided by the present wants of the state (10, p. 95).

On 24 January 1855 the Act to Establish an Insane Asylum was approved, and as recommended by the Committee of Charitable Institutions, a Board of Commissioners was appointed including Edward Johnstone of Lee County, Charles S. Clark of Henry County, and Governor Grimes as chairperson. They were authorized to "visit the Illinois State Asylum, and any other which they deem it necessary to visit, before determining upon a plan of the building; they are further authorized to employ an architect, to draft the plan on which they determine, and other plans afterwards. . ." (14, p. 130).

The Act established that the hospital "be at or near Mount Pleasant," in Henry County. Defeated were all amendments to locate the hospital at or near: the permanent seat of government, Fairfield, Knoxville, Dubuque, or Marion (9, p. 262). No evidence was found that the committee visited the Mount Pleasant area before approval. The choice of this location might well have been the result of political pressures from the citizens of that area, of which a petition sent to the state Senate and signed by sixty Henry County citizens is evidence (9, p. 161).

Another factor that might have been involved was the possibility of a railroad connection to Chicago, making the building materials readily available. Four railroad lines had begun to enter the eastern edge of the state in the early 1850's, and one of the earliest to penetrate any distance reached Mount Pleasant in 1856 (52.1, pp. 112, 113).

Although there was a definite recognition of a need for future asylums, there was no indication that the Mount Pleasant location was a part of a master plan of state asylums as they exist today in the four quadrants of the state.

The Act also specified that the Board was "authorized to advertise for contracts. . .and shall find the contractor in such manner as they deem necessary." The cost was not to exceed \$50,000, in addition to the proceeds from the sale of saline land and also in addition to \$4425 allowed for the purchase of land. It was also stipulated that the plan "shall be one that may admit of future enlargement" (14, p. 130).

The first official visit of the Commissioners to Mount Pleasant occurred on 15 March 1855, when they examined the town and the vicinity in search of a suitable site. On 17 March a decision was made. Land was purchased about one mile to the southeast of the Henry County Courthouse in Mount Pleasant, 173 acres of valuable well drained farm land, about a third of it scenically wooded (15, p. 233; 8.1, p. 434).¹

The next step in the Commission's task of establishing the first mental institution in Iowa was to visit several hospitals for the insane east of the Mississippi in order to study "architectural construction, heating, ventilating, and lighting." This work was done during the spring and summer of 1855. The hospitals which appear to have influenced them most strongly were the Pennsylvania Hospital for the insane in Philadelphia and the McLean Asylum in Somerville, Massachusetts (15, p. 235). Governor Grimes, in describing his visits to one of the hospitals, said:

When I went through the building, and saw how nearly the poor creatures are provided with every comfort, how tidy everything was, how the poor insane women had tastefully decorated the rooms with evergreens and flowers, and appeared for the most part happy, I rejoiced that I had so urgently called the attention of the legislature to the necessity of providing an institution for our state, and that it will, in some measure, be built through my instrumentality (53, p. 69).

Dr. Thomas S. Kirkbride, the superintendent of the Pennsylvania Hospital for the insane, strongly influenced the design of mental hospitals in his time. He advocated a plan with certain common facilities at the center and wings at each side "so arranged as to give ample accommodations for resident officers and their families, and for the classification and comfort of the patients." Hospitals should provide for at least eight classes of wards for each sex and should be cheerful and comfortable in appearance, both outside and inside. Strongly concerned too for the care and comfort of the patients, he advocated limiting the hospital population to 250 patients so that the chief medical officer could see every patient every day, a practice considered mandatory then. In the care of patients, Dr. Kirkbride advocated minimal restraint (not, however,

¹There is a discrepancy between the amount of land purchased as reported in different sources, either 123 or 173 acres. At the price per acre, consistently given at \$25, however, and using the total amount appropriated by the legislature, the total size of the plot would be closer to 173 acres.

the complete non-restraint that his English colleagues advocated), a hospital newspaper, planned excursions, lectures, employment and amusements for patients, improved hospital grounds, and the development of the surrounding farm (Hall, p. 50, 53).

The superintendent of the other hospital, the McLean Asylum, which appears to have influenced the Iowa commissioners so strongly, was Dr. Luther V. Bell. He had in 1845 visited European mental institutions to determine how their experience could be applied in the United States. He visited mostly English and Scottish hospitals (56, p. 15). Describing what he found to be the typical English hospital he wrote of it as:

. . .a central house containing the departments for the officers, business offices, kitchen, laundry, and other domestic services. A wing proceeded from each end of the house often overlapping so to permit light and air into the long corridor which extends between two ranges of rooms on either side to the distant extremity where another window is placed. . .When the wing is so long as to be incapable of being lighted from the ends this defect is remedied in part by omitting one or more rooms toward the center [to form a day room] (56, pp. 16, 17).

The English utilized both single rooms and dormitories, and the ratio varied from one-third to one-half (56, p. 19). In his recommendations to the hospital which hired him, he had the following suggestions:

1. Distinct separation of the sexes. Separate buildings would be ideal for the sexes and for officers and offices, but economy and convenience, especially in the "modern system of heating and ventilation," made it impractical. The kitchen with its appendages, and chapel over it should be adequate separation of the sexes (56, pp. 29-30).¹
2. Classification of patients imperative.
3. Elizabethan or Tudor Gothic style of architecture had a "very favorable taste" in England and would be suitable for the United States. "It is not a classical order and has not proportions or decorations which can not be made to meet the purposes and funds of the institution. The amount of stone needed to produce the proper effect in this style is not great, bands between the stories, the recessed door, the labels above the windows and perhaps and shield or two appear to be all. The ornamental chimneys, the beveled sides to the windows, the embattled pariment [*sic*, parapet], except the coping course on the latter, are all formed of brick molded to that end" (56, p. 31).

¹ A secondary reason for the separation of sexes, according to Dr. Bell, was so that the strength of construction could be according to occupancy: strong and solid for males, not necessary for females.

From the information which he obtained during his European visit, including copies of the plans of the more recent buildings, Dr. Bell published his conclusions in a report in the 1845 issue of the Journal of Insanity (50, p. 109). Accompanying this report he submitted a plan of a building "calculated to meet all the requirements" of the hospital for the insane in the United States.

The architect who was hired to prepare the drawings for construction was Jonathan Preston of Boston, hired at the recommendation of Drs. Bell and Kirkbride (18, pp. 3, 4). Bell's influence upon the design would appear to have been quite strong, as indicated by information about the design process followed at the Northampton Lunatic Hospital in Massachusetts where:

. . .an architect was employed in the construction of the buildings, yet the general plan and the internal arrangements were essentially designed by Dr. Bell (3, p. 498).

This building was also of the Elizabethan style of architecture, "following the design of Jonathan Preston of Boston." The repeated connection between Preston and Bell suggests that perhaps the Commissioners did not hire Preston directly or even communicate with him, but rather that he was engaged by Bell to give physical form and characteristics to his plan. Kirkbride implied this situation when he said:

No desire to make a beautiful and picturesque exterior should ever be allowed to interfere with the internal arrangements. The interior should be planned first, and the exterior so managed as not to spoil it in any of its details (50, p. 11).

Furthermore, Dr. Kirkbride did not encourage architectural innovation, despite the early stage of asylum development, and he endorsed the reuse of plans, especially his own plans. In 1854 he wrote:

No reasonable person at the present day, when planning a hospital for the insane, would think it necessary or desirable to propose a building entirely original in its design; for such a structure could hardly fail to lose in usefulness what it gained in novelty. Instead of something entirely new, the object should rather be to profit by the experience of the past (50, p. 3).

He seemed to be promoting the importance of his twenty-six Propositions Relative to the Construction of Hospitals for the Insane as the sole guidelines, but later nineteenth-century members of the Association of Medical Superintendents did not agree:

. . .we need not be especially anxious to build hospitals for succeeding generations, but that they be safely left to do this for themselves; indeed that they may prefer to

do so, as the conditions of the problem may hereafter become modified to some degree (55, p. 28).

The plan that Jonathan Preston provided the Commissioners for the Iowa Insane Hospital at Mount Pleasant provided buildings of the Elizabethan style of architecture including a central structure and two flanking wings "tastefully grouped in the quadrangular form" (15, p. 237). As with the English prototypes, an important reason for this arrangement was to provide light entering at the corridor ends. Also recognized as an advantage, but occurring really as a by-product, it prevented a monotonous length of continuous wall surface. The center building was ninety feet by sixty feet in plan, four stories high (fifty-four feet) above the basement, and contained the public offices of the superintendent and his assistants and the officers. More than half of the first floor of the center building was devoted to a grand rotunda, forty-nine feet by fifty-seven feet, with a double stairway leading to the upper floors (19, p. 16). The flanking wings on either side of the center building, one for male patients and the other for female patients, were all forty feet wide and three stories high (forty-two feet) above the basement, but varied in length forming a total frontage of 512 feet (15, p. 237). The patient quarters provided 220 single rooms, each eight feet by twelve feet, and eighteen dormitories, each eighteen by twelve feet. For each dormitory there was a dining room sixteen by twenty-four feet (19, p. 17). Cupolas atop the wings served as "ventilators as well as ornament" (19, p. 16). The provision of two patient wings, apparently made equal in size in order to achieve architectural symmetry, has been criticized for providing the same number of rooms for males and females when in fact this equality of numbers was never the situation; male patient population was always higher than female (7, p. 227).

At the rear of the central building already mentioned there was another central building, 114 feet deep and three stories high above the basement, providing a kitchen, a bakery, dining rooms, storerooms, and other domestic offices in the basement and on the first floor. The second and third floors had a chapel, thirty-eight by fifty feet with a twenty-foot-high ceiling, and additional rooms at the rear for domestics. Handcars carried food from the central kitchen along tracks in the basement to dumbwaiters beneath all of the individual dining rooms (19, pp. 16, 17).

A total of 50,000 square feet of floor space allowed accommodations for 300 patients. The exterior walls were double. The outer face was of cut stone, then there was an air space, and the inner wall was of brick.

The interior partition walls were of brick with heating and ventilating flues built into them (15, p. 237). Much of the brick was made on the site and the stone for the foundations was taken from fields nearby. The roof was covered with galvanized iron, which "had been tested in this country and England, and is much used to cover public buildings" (16, p. 4). Heating was "by hot water or steam, circulating in the basement."

The most obvious departure of the Mount Pleasant design from the twenty-six Propositions was in patient capacity. The Propositions call for 200 as preferable and 250 as the maximum, and designate a population below 200 as too few to make the facilities economical and a population above the maximum as likely to cause a breakdown in the unity of administration and medical direction (7, p. 229). The hospital at Mount Pleasant was designed for 300 patients.

Process of construction, original building:

On 22 October 1855 construction began on the entire main building, and Henry Winslow, who had superintended the construction of the Maine Hospital for the Insane, was hired as Superintendent of Construction. According to the first medical superintendent of the Mount Pleasant hospital, Winslow modified and improved the plans which Jonathan Preston had furnished "so as to combine, more fully, architectural expression with greater practical utility" (19, p. 15). The decision to hire Winslow at \$1200 per year and have him bargain for the best prices for building materials and hire and superintend the day laborers erecting the building was an alternative to building entirely under contract, as had been specified in the act to erect the asylum (15, p. 237). The legislature believed that money could be saved by using the first method, construction under a superintendent. According to one construction superintendent of an Eastern hospital, "no plans nor specifications can be so definite and minute, as to render such supervision unnecessary" (52, p. 46).

Construction of the entire building was started at one time, in spite of the fact that of the \$200,000 recommended for construction only \$50,000 had been appropriated. Part of the inducement to the legislature to establish the insane hospital was that the sales of the saline lands would provide a large proportion of the necessary funding (10, pp. 3, 4). On 5 February 1851, as mentioned, the Iowa General Assembly had approved the sale of the saline lands and the use of the proceeds to constitute a fund

for founding and supporting a lunatic asylum. It was further provided that the amount of money realized should be invested and that the interest only should be used for that purpose (10, p. 4). Governor Stephen Hempstead in his Second Biennial message to the General Assembly went on further to say that:

Should you believe that the prompt sale of these lands would not be sufficient to establish and maintain the asylum. . . then I submit whether it would not be highly appropriate to provide other ways and means to accomplish an object so desirable (10, p. 4).

The estimated construction time was eighteen months, indicating anticipated completion by about May 1857--if appropriations came from the General Assembly as required (15, p. 238). The second appropriation was not made until July of 1856 in the amount of \$50,000 plus the proceeds from the sale of the saline lands. A third appropriation was made on 28 January 1857 in the amount of \$40,000; and on 1 January 1858 an additional \$100,000 was requested in order to complete the building, or \$75,000 in order to finish the east wing and leave the west wing "in the present state until it is needed in probably another two years" (17, pp. 14-15). In December 1859 the Commissioners reported that up to that date \$238,418.68 had been spent, indicating that about \$13,000 had been obtained from the saline lands (17, p. 6).

The center portion and the east wing were pushed to completion so that they could be occupied, but more money was needed and the legislature would not agree to provide it without a closer study of expenditures. In January 1860 the House of Representatives required the auditor to investigate the total cost, which had risen to \$258,555.67, and to discover why it had surpassed the assumed \$200,000 construction cost even before completion was near (18, p. 3). Several reasons were given: (1) in an effort to provide "a first class institution. . . the Commissioners were thoughtless and indifferent about total cost." The Commissioners' intention was to provide "a substantial, permanent building with the best possible accommodations for patients and their attendants (18, pp. 3, 4; 17, p. 14). (2) No detailed estimate was ever made; (3) Winslow, the superintendent of construction, estimated the cost to be \$300,000 if brick walls were used and \$360,000 if stone were used, but these rough estimates were never presented to the legislature. (4) The treasurer of the Board, Presley Saunders, handled the banking through his brother's bank, illegally charging the state twenty-four percent interest. The investigation committee then

procurred a professional estimate, which showed the cost of completion to be \$150,250, as compared to Winslow's estimate of \$125,000 (18, pp. 4-10).

On 6 March 1861, with only the center building and the east wing completed, the hospital was officially opened and patients admitted nearly five-and-one-half years after construction had begun. Besides appropriations problems, difficulties in "obtaining the fixtures and machinery for warming and ventilating the building" had created an additional delay of four months in opening the building (19, p. 5). Within one year after the opening there were 140 patients in the one wing, which had a capacity of 150. The classification of patients was cumbersome, especially the separation of the sexes, and in the report of the Trustees of the hospital, immediate appropriations for the completion of the west wing were urged (19, p. 10).

The legislature funded the completion of the hospital in two separate appropriations, and the work was done in two stages, beginning in 1862 and finishing in 1865. After completion of the west wing the patient load then increased to 284 (20, pp. 9, 15; 22, pp. 5, 6).

Landscaping was needed. The Trustees, in their report of 1861 stated that "the insane, more than any other people, ought to be soothed by the prospect of an agreeable landscape." At that time no landscaping had been provided, and the Trustees recommended an appropriation of \$3000 to improve and grade the grounds and to "ornament them with trees and shrubbery, so far as to put them in harmony with the philanthropic design of the institution" (19, pp. 10, 11). By 1864 terraces around the completed east wing had been graded, sodded, and planted with evergreens (20, pp. 16, 17).

Maintenance and repairs, original building:

Although for the next decade there was no major construction, considerable effort was devoted to correcting as they appeared several inadequacies in the buildings. The first problem related to unsuitable materials and construction of the exterior facing of the basement walls. According to the "Report of the Officers" of November 1865, "water running down the sides of the building has so softened the earth, that the wall in many places has settled" and water penetrated in to the basement and fouled the air chambers (21, p. 7). The immediate problem was solved by constructing a drain of brick tiles around the building laid at the bottom of a trench covered with broken stone to a depth of about one foot. Water flowing through the tiles was discharged

at different points into sewers. Defective stones in the foundation were discovered and replaced, but the basement wall continued to be a problem (21, p. 22). In 1876 the Trustees reported that "it was evident that a large share of the stone used for the basement was of an inferior quality", and they found it necessary to hire Robert Finkbine, commissioner of the State Capitol Building in Des Moines, and Andrew H. Piquenard, the architect of the Capitol, as consultants to make recommendations (26, p. 10). They reported that the exterior facing of the basement wall was defective in several respects, principally that it was a type of stone that was not capable of weathering more than a few winters without so much deterioration that the safety of the building would be endangered, and that the stone had been laid on edge, not on its quarry bed, a condition that was partly responsible for the tendency of the stone to deteriorate. They recommended removing the defective stone, replacing it with a good quality of stone which was readily available in neighboring quarries, laying the stone on its quarry bed, and taking proper precautions to prevent settlement or cracking of the superstructure during the course of the work. Finkbine and Piquenard acknowledged, however, that the stone of the upper portions of the building was of fine quality, comparing it to that used for the stone Capitol in Iowa City (26, pp. 12, 13). It is not known to what extent the replacement of defective stone was carried out, but evidently it was not complete, or the substituted stone was of poor quality also, for the basement wall continued to be a problem in 1916, when the Board of Control attributed cracking in the foundations and in walls of the wards from the basement to the top floor to the sandy soil upon which the building was built (45, p. 36).

A second inadequacy in the building had to do with the use of unsatisfactory materials and with poor construction of waterclosets, bathing rooms, and lavatory rooms. These were found to be "inconveniently small, ill lighted and ventilated, and were so poorly constructed that any liquid would run from the upper story to the basement." Filth had accumulated in spaces between the floors and ceilings. A remodeling was undertaken in which the old lath-and-plaster partitions were replaced with brick, from basement to attic, and the wooden floors were replaced by slate floors supported on a structure of brick arches supported in turn upon iron girders. A large bathroom was located in the basement "convenient of access from different positions of the east wing" (23, pp. 29, 30). At the rear center building decaying floors and joists were replaced in order to do away with

the offensive odors caused by leakage from waterclosets there (25, p. 19).

Some additional inadequacies of the building were also related to the use of unsatisfactory building materials. The lath and plaster walls were an insufficient barrier to violent patients and were replaced in their wards with brick walls from foundation to attic (23, p. 30). The flooring used in the patients wings was hard pine that had only been partially seasoned, so that after it was laid down it shrank and cracked and let water through, causing staining and loosening of plaster in the rooms below (19, p. 20). The roof and cornice were constructed of galvanized iron, which corroded, did not hold paint, and leaked (28, p. 27).

By 1871 the number of patients had increased to more than double the original planned capacity of 300. A new hospital at Independence, Iowa, was to relieve this overcrowding, but completion was delayed and not accomplished until 1873. Thus rooms had to be adapted for purposes for which they were not designed. Parlors and reading rooms were used as dormitories, and many patients were forced to eat their meals outside the dining rooms (24, p. 13).

On 18 April 1876 a fire destroyed the engine house. Superintendent Ranney, assisted by George Josselyn, who had been superintendent of construction at the Independence hospital, prepared plans for a new building and superintended its construction. The Board of Trustees approved the plans and construction was begun (27, p. 8). The new two-story building included boiler and coal rooms; engine, fan, and engineers' rooms; paint shop; bakery, workrooms, mortuary; and sleeping rooms for firemen. The exterior walls were stone, the interior partition were brick, the floors of the second story were of concrete on brick arches supported in turn on iron joists, the roof over the boiler and coal rooms was totally of iron, and the rest of the roof was of light wood frame construction covered with painted tin (27, pp. 14, 16). As an additional effect of this fire, the hospital officials became very conscious of fire hazards. The Trustees labeled the entire rear center building unsafe and recommended a reconstruction that would include replacement of all wooden partition walls with brick walls (27, p. 9). The superintendent urged the use of brick walls between the rotundas of the center building and each wing, and between the first and second sections of each wing to replace the lath and plaster walls. He proposed that the openings in these walls at each story should have an iron "space door" ready to be closed in an emergency (29, p. 7; 31, p. 23).

Additions to original building, design and construction:

Appropriations for additions were finally made in the legislative session beginning in 1884, although they had been under discussion for nearly six years. In his report of 1880, the Superintendent criticized his hospital building because:

With but few wards. . .the wards are all so nearly alike both in appearance of their constructive arrangement and furnishings . . .with its inevitable corridor and rows of rooms on either side; the patient going from one to another finds little else than to live, perhaps a rather dreary monotony of sameness that gives no relief (28, p. 33).

However, he recommended enlargement of the hospital to allow three additional classes and wards for each sex, evidently with the logic that more wards meant more variety.

A different plan for enlargement was presented by the Joint Committee of the General Assembly appointed to visit the hospital. They recommended a "departure in future from the plan of erecting vast piles of buildings for hospitals," which was "the erection of detached cottages, on the score of safety, economy, and for sanitary reasons" (27, p. 3). This new viewpoint reflected a national re-evaluation of facilities for the care of the insane. Since the construction of the original hospital buildings in the late 1850's, the influence of Kirkbride's Propositions had greatly decreased, and design criteria then passed into a second phase, beginning according to one writer about 1866. The main deviation was an increase in the recommended maximum capacity of the asylums from 200 to 600 patients (5, p. 144). Just beginning in 1884 according to this same writer, was a third phase, which was designated as the era of detached buildings (5, p. 145). The detached building served the same basic purpose as the wards in providing for the classification of the patients, but it allowed a much more distinct separation of the different classifications, and therefore treatment was thought to be more effective. In spite of the Joint Committee's recommendations for cottages, however, the Hospital Trustees in their report of 1884 recommended "building an addition to each wing of the hospital which will provide room for 300 more patients," bringing the capacity of the building up to the population already achieved on some occasions (30, p. 8). The Trustees requested an appropriation of \$150,000 in order to add a total of twelve wards to each wing, although the Superintendent in 1880 estimated at the rate of \$1000 per bed for construction and furnishings it would take twice that amount to provide for 300

more patients (28, p. 34). Construction of brick painted to match the stone was recommended. The superintendent advised that all utilities and auxiliary functions (i.e., kitchens, laundries, farm, shop, and administrative and staff offices) were sufficient to handle the increased capacity (30, p. 19). No doubt it was Superintendent Ranney's suggestion that brick be used, judging by his statement:

Some needlessly expensive structures have been reared and rendered more expensive by the unwise selection of . . . building materials, and the adoption of a needlessly ornamental style of architecture. For these things legislatures, and building commissioners, and ambitious architects are more responsible than hospital directors . . . Cut stone and costly elaborate ornamental architecture for exteriors should be dispensed within our hospital structures (29, pp. 40, 41).

The legislature appropriated only \$100,000, which was designated for the construction of one of the proposed wings. Since there were more male than female patients, it was decided to extend the male patients' wing, the east one. The appropriation was based on an estimate for a brick building accommodating 200 patients, but stone would be preferred if it could be obtained within the budget (31, pp. 7, 8). The Board of Trustees hired Willett and Pashley of Chicago as architects. General supervision was placed in the hands of the superintendent, as called for in the appropriation bill. According to him:

The plans were completed in detail according to the general ideas of the superintendent, but he is indebted to Major Willett for frequent and valuable suggestions, aside from furnishing of plans and drawings (31, p. 16).

The addition was of L shape, the section adjoining the building being 123 feet long and 60 feet wide, and the other section being 119 feet by 40 feet. Because the ground sloped down from the original building, the addition was practically four stories high, plus a basement, whereas the original building was only three stories high, plus a basement. There were patient rooms on all four stories of the addition, and each of the two sections of each floor of the addition constituted a ward. The wards of the section adjoining the original building contained thirty-five patients each, and the wards of the more remote section contained only fifteen patients each, with each patient in his own room. This second section was for the violent and noisy patients and its sleeping rooms, eight by twelve feet in size, were located on each side of a corridor twelve feet wide. In each section there were dining rooms served by dumbwaiters as in the

original building, and there were bath and toilet facilities with floors of eight-foot-square marble tiles supported on brick arches and iron girders. Alcoves and bay windows were located centrally on both sides of each ward of the first section, and bay windows were placed at the east end of the first section and the south end of the second section. Air was supplied to the sleeping rooms through the door opening or by means of a transom over the door, and air was exhausted by flues in each room with openings one foot from the door by means of upward draft through the attic and outside through "campaniles." The roof was covered with painted tin (31, p. 16-18).

Construction began in the early summer of 1884, with hospital patients as the main labor force for the excavation (31, p. 16). The footings were of concrete and locally quarried limestone was used for the foundation walls, which were battered, and for the building walls above. These walls were completely of stone, unlike the stone veneer with brick backup of the original building, and were laid in cement mortar in an irregular pattern. Cut stone was used for window caps and sills, watertable, and coping at the gable. The rough surface of the walls of the addition were distinguished from the smoother and darker limestone of the original building, the stone for which had been quarried from the Willits farm northeast of Mount Pleasant (51, p. 1). Interior partitions of the addition were of brick (31, p. 16-18). Bids were received for building materials. Stone, brick, lumber (white pine, and oak for framing, yellow pine for finishing) were specifically mentioned. Day labor was employed, except for the stone work, and patients continued to be used. By June 1885 one ward of the addition was occupied and the whole addition was completed by winter (31, pp. 7, 8; 32, p. 14).

In their report of 1886, the Trustees asked for \$100,000 in order to extend the west wing in order to accommodate 200 additional female patients. This amount was appropriated in that year and work began immediately (32, pp. 14, 15). Willett and Pashley, architects of the east wing addition, "very considerably furnished all necessary plans at actual cost of labor and materials for draughtsmen," since the addition was an exact duplicate of the male wing addition. All work, including the stone work this time, was done by day labor involving the daily use of a hundred patients (32, pp. 15, 16). The superintendent of the hospital, Dr. H. A. Gilman, was in charge of the construction and due to his "active vigilance and perfect knowledge of what was needed. . . one of the best constructed buildings in the state" resulted (32, p. 8). Work was begun early in 1886. The

excavation was completed by 1 May, the cellar and first floor by 1 July, the roof by 1 December, two of the wards by 1 March 1887, and the whole wing by the middle of the year (32, pp. 14, 15).

Addition to the site:

In 1888, 240 acres of farmland were purchased from Thomas Knox. This land was directly to the east of the hospital grounds and added to the 340 acres already owned (33, p. 14).

Additional buildings and remodelings, design and construction:

Construction began in 1888 on a new boiler and wash house and on an industrial building for women. The former was constructed with stone foundations and base course and with the superstructure of brick. The roof was of corrugated metal, as were some of the ceilings (33, p. 12). The industrial building for women, seventy-five by fifty feet, was a detached two-story building connected to the west wing of the hospital by a brick corridor thirty feet long and used for ironing, dressmaking, and sewing and mending. The building provided domestic apartments on the second story. Construction was of stone foundations and brick superstructure (33, p. 15).

A remodeling in 1890 of the rear center building increased the size of the chapel and created an amusement hall. It was estimated that \$15,000 was needed to increase the capacity of the chapel from 200 to 800 people by erecting a long gallery at the rear. The amusement hall was to be sixty by forty feet, with a stage and fixtures "fitted up for dramatic and musical entertainments, lectures with "magic lantern illustration", dances, concerts, and holiday exercises (33, p. 16). The work was enclosed by fall of 1890. The chapel was finished in white with oak pews and trim, and frescoes,¹ which made the room as "bright and cheerful as possible" (34, p. 12). According to the 1892 report of the Visiting Committee, "the insane are exceptionally susceptible to the effect of color" (35, p. 4).

With \$5000 appropriated for the purpose, an industrial building for men was constructed in 1894 and used as a carpenter shop and mattress factory (36, p. 7). It also was constructed with solid stone foundations and brick superstructure (36, p. 17).

The first request for funds to construct an infirmary were made in

¹Frescoes on nineteenth-century interior walls appear to have been ornamental bands of painted decorations.

1892, and in 1894 the Joint Committee of the General Assembly recommended \$25,000 for separate infirmaries for men and women. In 1896 the Trustees revised the estimate to \$40,000 total for two infirmary buildings accommodating fifty patients each (36, p. 18). The infirmaries were to serve both the old and the sick, and a building separated from the main structure was desirable because "quietness and repose are to them. . .among the greatest blessings on earth" (36, p. 9). By 1902 the building was to be "remodeled and refitted for the special care of recoverable cases," rather than "old men and untidy cases" (39, p. 534). The amount of \$20,000 was appropriated to construct and equip only the men's infirmary (37, p. 7). It was described by the superintendent to be:

. . .substantially constructed of brick with stone foundations and trimmings, and slate roof. It has airy, well ventilated dormitories, hall, and day room, with dining room, kitchen, and scullery attached. Around the large day room [exposure on east, west, and south] circular in form, is a broad veranda where patients can exercise in all sorts of weather, and enjoy the open air. . .and the wisdom of building the infirmary for men has been demonstrated in its completion and occupation through economical, comfortable, and cheerful arrangement of patients (37, pp. 8, 13, 14).

A payment of \$543 was made for plans and specifications, but it is not known who rendered the service of providing them (37, p. 46).

Creation of the Board of Control:

In 1898 an act of the state legislature created a Board of Control of State Institutions, greatly affecting the procedures of constructing institutional buildings. Significant in this regard are certain sections of this act:

Sec. 6 Before any expenses. . .incurred by anyone under the direction of the Board shall be paid, a minutely itemized statement of every item of expenditure shall be presented to the proper authority and duly verified.

Sec. 9 The Board of Trustees and Commissioners now charged with the government of the institutions shall on and after July 1, 1898, have no further legal existence.

Sec. 11 The Visiting Committee is abolished. The Board may appoint a woman who resides within fifty miles of any hospital to report to the Board about the hospital.

Sec. 17 Plans shall be prepared for all betterments, improvements, or building costs exceeding \$1000 for which it may recommend an appropriation. When an appropriation for any amount has been made, there shall be no expenditure thereof until the Board has secured suitable plans and specifications prepared by a competent architect, and

accompanied by a detailed statement of the amount, quality, and description of all the material and labor required for the completion of said structure. No work should be done with the knowledge that the amount appropriated is insufficient to complete the work.

Sec. 23 State Architect--The Board may employ an architect who shall be skilled in the most improved methods of sanitation, and competent to prepare plans, specifications, estimates and details for the building, and every item of equipment that may be necessary. The architect shall receive compensation which including expenses shall not exceed \$3000 per annum. The Board may secure the advice of a consulting architect or other skilled assistance before the adoption of the plans of the state architect, but the expense shall not exceed \$1500 per annum.

Sec. 49 If the cost of any erection or betterment is not in excess of \$300 the Board may permit the construction by day's labor, without contracting the work. All contracts to be awarded to the lowest bidder. The management of the institution has the right to reject any and all bids, and to readvertise upon the approval of the board. Preliminary deposit or certified check required upon all proposals for construction and held by the management of the institution under the direction of the Board (38, pp. 3-15).

In compliance with Section 23, on 25 April 1898 Henry F. Liebbe was appointed Board Architect (38, p. 22). He remained in that position until 1927, when H. J. Liebbe replaced him. In 1929 Andrew Olson was promoted from draftsman to Assistant Architect with Liebbe.

Further additional buildings and remodelings, design and construction:

Apparently a comprehensive evaluation of the state insane hospitals accompanied the creation of the Board of Control. The hospital at Mount Pleasant was found to contain very unsanitary conditions. Its system of ventilation was quite unsatisfactory, to the point where, owing to many faults of construction, it was thought that the building could never be properly ventilated. Ventilating and soil pipes vented to the attic, not the the exterior as they should have (29, p. 718). Most waterclosets were without traps, and untrapped open waterclosets were in dormitories where patients slept (38, pp. 179-180). In addition, the building was found to provide inadequate fire safety. There was no fireproof stairway in either wing, only steep, narrow wooden stairs. Replacement with iron and slate stairs was recommended (38, pp. 715, 716). Dust shafts and elevator wells were of flammable materials and opened directly into the highly combustible attic, which had no subdividing fire walls separating the portions above the several wings in order to limit the spread of a fire. Besides these safety hazards the food service system was found to be inefficient.

There were forty dining rooms each serving from fifteen to forty patients, and the kitchen *and* bakery were too small to serve the patient population (38, p. 719). Construction was recommended of a "congregate dining room to seat at least 800 people and to be located adjacent to a newly constructed kitchen." The forty former dining rooms could be converted in to patient dormitories (38, pp. 720, 721).

In 1896 it had initially been intended to construct a women's infirmary, as well as the men's infirmary that actually was built. The cost would then have been \$20,000. In the 1906 report of the Board of Control it was noted that the women's infirmary still had not been built and that it was then estimated that \$60,000 would be needed for its erection, equipping, and furnishing. At the same time the hospitals at Independence and Cherokee was also asking for appropriations for infirmaries. The appropriation for the Mount Pleasant infirmary was finally made in 1907, and the estimated cost then had risen to \$65,000 (40, p. 30). The general construction contract came to \$58,000, with heating, plumbing, and wiring adding \$7295. The estimate was exceeded without providing the equipment and furnishings. The Board of Control considered the omission of the roof of the two porticos and of some work in the attic of the central portion, but it advised that it "would add much to the appearance and usefulness of the building if these omitted items were added" and recommended appropriations for these purposes. As part of this construction tunnels were constructed from the men's and from the women's infirmaries to the kitchen of the original building at a cost of \$5250 (41, p. 8).

A new section designed for tubercular patients was added to the women's infirmary. Previously, in 1911, \$50,000 had been requested for construction of cottages for tubercular patients, but it appears that the infirmary addition was offered instead, as a compromise, at a reduced appropriation of \$15,000 (42, p. 48; 44, p. 12). Considerable effort was made prior to construction to investigate methods of tubercular care in other hospitals. In June 1912, Dr. Witte from Clarinda, Dr. Voldeng from Cherokee, Henry Liebbe, who was State Board of Control architect, and one member of the Board of Control visited hospitals in other states, including those at Morris Plains, New Jersey; Norristown, Pennsylvania; Dixmont, Pennsylvania; and Mount Vernon, Ohio. The result of these visits substantiated "the opinion that the tubercular insane should be segregated from the non-tubercular insane" (43, p. 24). By

the end of 1914 the addition was completed and occupied.

In 1922 a new laundry building was completed. An appropriation of \$30,000 had been made in 1915, but work was postponed because the high building costs of the time--during World War I--would have made completion impossible at that time within the budget allowed. But the building was completed in 1922 for \$30,000, and for an additional \$15,000 the old laundry building was remodeled for employees' quarters, freeing rooms formerly used by employees for use by patients (45, pp. 20, 12).

In 1924 a new portico was added at the entrance of the main building (47, p. 19), replacing temporary vestibules that had been set up each winter for protection against the cold (25, p. 21).

By 1930 the patient population was about 1450 (48, p. 62).

Buildings remaining in 1974:

On 11 August 1936, a fire, starting in the amusement hall from defective wiring, destroyed the four-story center building and chapel. Only the kitchen-services section of the rear center building remains (51). The old dining room has been divided into a storage area and a smaller newly decorated dining room to serve more comfortably the greatly reduced number of patients. The most that the hospital served at one time was about 1800; the present patient population is about 300. The patient wings of the original construction have been replaced with brick structures. One of the infirmary buildings, that for women, remains, but the interior has been thoroughly remodeled. Its floor construction was a problem and was replaced, according to present hospital official James Yeast, and new stair enclosures have been added to the north and south ends of the building, requiring the removal of porches.

The farm is no longer operated by the hospital, and some land has been sold. The landscaped approach to the hospital has been preserved, a huge yard unbroken by any recreation or other facilities.

Space in the buildings has been taken by unrelated functions: an educational group and the State Highway Commission occupy one of the buildings.

PART 3.

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NOTE: Hereinafter the following abbreviations will be used:

LD = Legislative Documents
HIMP = Hospital for the Insane, Mount Pleasant
BR = Biennial Report
BC = Board of Control

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Edited for HABS by Druscilla J. Null

APPENDIX I

Propositions Relative to the Construction of Hospitals for the Insane.

At a meeting of "The Association of Medical Superintendents of American Institutions for the Insane," held in Philadelphia, May 21, 1851, the following propositions relative to the construction and arrangements of hospitals for the insane, after mature consideration, were unanimously adopted, and directed to be published in the Medical Journals of the continent, as the sentiments of the Association on the subjects referred to, viz:

1. Every hospital for the insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.
2. No hospital for the insane, however limited its capacity, should have less than fifty acres of land, devoted to gardens and pleasure-grounds for its patients. At least one hundred acres should be possessed by every State hospital, or other institution for two hundred patients, to which number these propositions apply, unless otherwise mentioned.
3. Means should be provided to raise ten thousand gallons of water, daily, to reservoirs that will supply the highest parts of the building.
4. No hospital for the insane should be built, without the plan having been first submitted to some physician or physicians, who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.
5. The highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum.
6. All such buildings should be constructed of stone or brick, have slate or metallic roofs, and, as far as possible, be made secure from accidents by fire.
7. Every hospital, having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex, making sixteen classes in the entire establishment.

8. Each ward should have in it a parlor, a corridor, single lodging-rooms for patients, an associated dormitory, communicating with a chamber for two attendants; a clothes room, a bath room, a water-closet, a dining room, a dumbwaiter, and a speaking-tube leading to the kitchen, or other central part of the building.
9. No apartments should ever be provided for the confinement of patients, or as their lodging rooms, that are not entirely above ground.
10. No class of rooms should ever be constructed without some kind of window in each, communicating directly with the external atmosphere.
11. No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.
12. The floors of patients' apartments should always be of wood.
13. The stairways should always be of iron, stone, or other indestructible material, ample in size and number, and easy of ascent, to afford convenient egress in case of accident from fire.
14. A large hospital should consist of a main central building with wings.
15. The main central building should contain the offices, receiving rooms for company, and apartments entirely private, for the superintending physician and his family, in case that officer resides in the hospital building.
16. The wings should be so arranged that, if rooms are placed on both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes, for the free admission of both light and air.
17. The lighting should be by gas, on account of its convenience, cleanliness, safety, and economy.
18. The apartments for washing clothing, etc., should be detached from the hospital building.
19. The drainage should be underground, and all the inlets to the sewers should be properly secured to prevent offensive emanations.
20. All hospitals should be warmed by passing an abundance of pure, fresh air from the external atmosphere, over pipes or plates, containing steam under low pressure, or hot water, the temperature of which at the boiler does not exceed 212°F., and placed in the basement or cellar of the building to be heated.
21. A complete system of forced ventilation, in connection with the heating, is indispensable to give purity to the air of a hospital for the insane; and no expense that is required to effect this object thoroughly can be deemed either misplaced or injudicious.
22. The boilers for generating steam for warming the building should be in a detached structure, connected with which may be the engine for pumping water, driving the washing apparatus, and other machinery.
23. All waterclosets should, as far as possible, be made of indestructible materials, be simple in their arrangement, and have a strong downward ventilation connected with them.
24. The floors of bathrooms, waterclosets, and basement stories, should,

as far as possible, be made of materials that will not absorb moisture.

25. The wards for the most excited class should be constructed with rooms on but one side of a corridor, not less than ten feet wide, the external windows of which should be large, and have pleasant views from them.
26. Wherever practicable, the pleasure grounds of a hospital for the insane should be surrounded by a substantial wall, so placed as not to be unpleasantly visible from the building. (16, pp. 10-12).

APPENDIX NO. 2

Governance of the Hospital

Board of Commissioners

- appointed to select lands and adopt plans
- hire architect
- prepare contracts
- chosen by the governor

Board of Trustees

Membership

- Mt. Pleasant had seven Trustees, appointed by the General Assembly, originally, as was specified by the Iowa Code of 1860. Code of 1872 and 1897 allowed two of the members to be women; Code of 1897 required that one member be a "resident of the place in which the hospital is located."

Responsibilities

- Iowa Code of 1860: one or more members to visit the institution monthly; majority of all shall meet quarterly; annual meeting for trustees to approve report that would be presented to the governor.
- At monthly meetings, together with the superintendent, the trustees would examine the accounts of the steward and would "note the general condition of the hospital" in a book for that purpose kept at the hospital.
- Make annual reports (Legislative Documents) to the governor "of the conditions and wants of the hospital" accompanied by reports by the superintendent and accounts of the steward.
- Make all by-laws of the hospital and appoint all hospital officials.
- Iowa Code of 1872: Monthly meetings eliminated (This was the time the Visiting Committee was established and evidently fulfilled this function.)

Visiting Committee

Membership

- Three members--one of whom at least shall be a woman--appointed by the governor.

Responsibilities

- ". . .to perform the duties designated in the act entitled, "An Act to Protect the Insane," approved April 23, 1872.
- At least one member of this committee shall visit the asylums for the insane every month.
- ". . .to visit the insane asylums of the state at their discretion, and without giving notice of their intended visit."
- ". . .to ascertain whether any of the inmates are improperly detained. . .or unjustly placed, and whether the inmates are humanely and kindly treated."
- Names of the Visiting Committee shall be posted (with their addresses) in every ward of the asylum and every inmate shall be allowed to write when and what he pleases to the Committee. All writing materials to be furnished once a week for that purpose.

Joint Committee

- Appointed by a Joint Resolution of the Senate and the House of Representatives "to investigate the affairs of the hospital for the insane."
(Reports were generally signed by three persons, one from the Senate, one from the House, and one untitled. In their reports they often referred to attending to the "general management" of the hospital, but a listing of their duties was not located, and it is unknown what their connection was with the Trustees; they were an active committee from the beginning of the Mt. Pleasant Hospital and continued to be until the establishment of the Board of Control of State Institutions.)

Steward*

- ". . .shall make all purchases for the hospital, keep the accounts, have a personal superintendence of the farm, garden, and grounds."

Medical Superintendent*

- ". . .shall be a physician of acknowledged skill and ability in his profession." Shall be chief executive officer of the hospital (medical, moral, and dietetic), and shall employ attendants and assistants as necessary.

*Shall not be the same person.